

Tule River Department of Public Safety

Request for: Tribal Police (Please sircle your request) First Name: Last Name: Address: City: State Zip Telephone# Cell Phone # Message # Employer: Employer Telephone# Employer Address: City: State Zip Tribal Member: Organization: Date Requesting DPS:_______to______to_____ Time Needed: _____to____ Type of Event: How many attending: Location of Event: City: State Zip Will alcohol be served: YES NO Briefly describe the duties you request be performed: Requests shall be made at least 30 days prior to the event. > Applicant shall provide all information regarding the event e.g., flyer, invitation, notice. > Applicant agrees to adhere to the policies and procedures of the facility(ies) being used for the event. > All information pertaining to any incidents occurring during the event will be documented and forwarded to the Tule River Tribal Council. This may affect any future use of any tribal facilities for you and/or your organization. > This request will be processed within 7-10 business days from the date it is received. Applicant will then be notified and be provided with an authorized copy. > Applicant understands that Security will ONLY be available during the time specified on this form. Applicant has read, understands and agrees to the above terms and conditions. Applicant DPS Employee Chief of Police Security Sergeant Approved_____ Denied_____